

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401		XOXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: 2 [REDACTED] DOB: [REDACTED] Attending: UZOCHUKWU CHIZOBA	Room Number 3109-M Age .21
Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN			

PP Flowsheet Assessment

04/18/10	21:14	21:28	21:43
Temperature (F)	99.2		99.0
Temp Route	Oral		Oral
IV ASSESSMENT			
IV Site #1			
IV Assessment	No Abnormalities Noted		No Abnormalities Noted
Medication Charting for Record ID	109052	109052	
04/18/10	22:02	22:30	22:40
Stage of Pregnancy	Recovery		Postpartum
Patient Status			Del_Vag
NURSE			J.veloz, RN
Report Received From			V.Duff, RN
Transfer to PP Date/Time			04/18/10 22:35 EDT
Hourly Rounding			
Hourly Rounding Complete			Yes
VITAL SIGNS			
NBP Sys/Dia/Mea	125		
	77		
HR	95		
Respirations	20		
Temperature (F)	98.7		
Temp Route	Oral		
PAIN ASSESSMENT			
Pain - Location 1	Back and Abdominal pain. Nurse is aware.	back, headache, cramp	
Pain Rating	4	4	
Pain Intervention		declined meds	
MATERNAL ASSESSMENT			
Fundal Tone		Firm	
Fundal Level		1 Finger breadth above umbilicus	
Fundal Placement		Midline	
Lochia Color		Rubra	
Lochia Amount		Moderate	
Lochia Odor		None	
Uterine Cramping		Mild	
NEUROLOGIC			
Level of Consciousness		Awake, Alert, Oriented x 3	

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401		XXXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: [REDACTED] DOB: [REDACTED] Attending: UZOCHUKWU CHIZOBA	Room Number 3109-M Age 21
Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN			
PP Flowsheet Assessment			
		04/18/10	
Headache		22:02	22:30
Dizziness			Frontal
Blurred Vision			No
Extremity Numbness/Tingling			No
			Right Leg; Left Leg Annotation: c/o numbness @ bilateral legs. from above ankles to her knees; also states perineum area is still numb
Extremity Movement			Full Range of Motion
CARDIOVASCULAR			
Nailbeds			Pink
Skin Color			Normal for Race
Skin Temperature			Warm
Capillary Refill			Less than 3 seconds
Heart Rhythm			Auscultated Regular
Edema			None
Homan's Sign Lt. Leg			Negative
Homan's Sign Rt. Leg			Negative
IV ASSESSMENT			
IV Site #1			
IV Site			Left Hand Annotation: prna
IV Assessment			No Abnormalities Noted
PULMONARY			
Respiratory Effort			Normal
Breath Sounds, Left			Clear and Equal
Breath Sounds, Rt.			Clear and Equal
Cough Productivity			None
BREASTS			
Breasts			Soft
Nipples			Smooth; Dry
Breast Pain			None

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401	XXXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: [REDACTED] DOB: [REDACTED] Attending: UZOCHUKWU CHIZOBA	Room Number 3109-M Age 21
Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN		

PP Flowsheet Assessment

	04/18/10	22:02	22:30	22:40
Feeding Preference				Breast Annotation: plans to breastfeed during hospital stay. Pt will be returning to jail after hospital discharge and states she will be released from jail on 5/4/10; plans to use breast pump while in jail, per pt.
GASTROINTESTINAL				
Epigastric Pain				No
Nausea/Vomiting				Denies
Abdominal Tenderness				None In Any Quadrants
Bowel Sounds				Normoactive; All Quadrants
Diet Type				Regular diet
Diet Amount				Fed self without assistance
Stool Description				None
GENITOURINARY				

Mary Washington Healthcare

1001 Sam Perry Blvd
Fredericksburg, VA 22401

Print Date & Time: 4/20/2010 14:34
Printed by: Janice Childs, RN

XXXFAIN, TIARRA LASHAE

MR#: 832666

Patient ID: [REDACTED]

Room Number
3109-M

DCB :

Age 21

Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

		04/16/10	
Voiding		22:02	22:30
			22:40
			per V.Duff, pt had foley cath in place until @ 1945; states pt has attempted to void X 1 after delivery but did not void and did not have the urge to void. Encouraged pt to void; rationale explained to pt for preventing bladder distention. Pt denies the urge to void; requests to eat her boxed meal first and then states she will try; due to decreased sensation @ BLE, pt instructed to call us for assistance with ambulating to the bathroom.
Bladder Distention			Non-distended
PERINEUM			
Episiotomy/Repaired Laceration			Approximated
Perineum/Labia			Moderate Swelling
Perineum Pain			Mild

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401	XOXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: [REDACTED] DOB: [REDACTED] Attending: UZOCHUKWU CHIZOBIA	Room Number 3109-M Age 21
Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN		

PP Flowsheet Assessment

		04/18/10	
	22:02	22:30	22:40
Hemorrhoids			Yes Annotation: denies pain and declined tucks
FALL ASSESSMENT			
Fall History			(0) No
Secondary Diagnosis			(0) No
Equipment Assessment			(0) No
Fall Gait Assessment			(20) Impaired Annotation: tingling @ BLE
Ambulatory Aid Assessment			(0) none/bedre st/wheelch air/nurse assist
Fall Mental Status Assess			(0) oriented to own ability
Elimination Assessment			(0) Within Normal Limits
Fall Age Assessment			(0) Age 6 - 65
Fall Detox Protocol			(0) No
Fall Vision Assessment			(0) Adequate (with or without glasses)
Fall Medications Assessment			(10) Any that affect VS, LOC or cause diuresis
Fall Score Computed			30 30
COMFORT MEASURES			
Treatments			Ice to Perineum
ACTIVITY			
Ambulate			pt in bed with guard from jail @ bedside; pt with shackles to left ankle and right arm.
SAFETY			

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401	XXXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: [REDACTED] DOB : [REDACTED] Attending: UZOCHUKWU CHIZOBA	Room Number 3109-M Age 21
Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN		

PP Flowsheet Assessment

	04/18/10	
Siderails Up	22:02	22:30
Call Bell In Reach		x2
Alarms working on Admission		Yes
Bed Low and Locked		Yes
COMMENTS		
COMMENTS		Plan of care and admission packet reviewed with pt. Pt verbalized understanding. Reviewed s/s of hemorrhage, emergency call bell system, pain management options, fall prevention, etc. Pt to complete learning needs assessment. Per V.Duff, social service consult put in for pt. Pt reports h/o passing large blood clots after dc to home after last baby. Importance of frequent bladder emptying discussed with pt. pt states desire to have baby room in with her as much as possible.

Mary Washington Healthcare

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Fredericksburg, VA 22401

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Printed by: Janice Childs, RN

XXXFAIN, TIARRA LASHAE

MR#: 832666

Room Number
3109-M

Patient ID:

DOB :

Age 21

Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

		04/18/10	
	22:02	22:30	22:40
Medication Charting for			
Record ID	109052	100991	101415
RN/LPN Counter-sign			J.Veloz, RN
	04/19/10		
	00:35	01:45	03:11
Stage of Pregnancy			
Patient Status	Postpartum		
NURSE	V.Ball RN		
Report Received From	J.Veloz RN		
Transfer to PP Date/Time	04/18/10 22:35 EDT		
Hourly Rounding			
Hourly Rounding Complete	Yes		
VITAL SIGNS			
NBP Sys/Dia/Mea			103
			63
HR			91
Respirations			20
Temperature (F)			98.4
Temp.Route			Oral
PAIN ASSESSMENT			
Pain - Location 1	back, headache, cramp	over-all discomfort	
Pain Rating	4	4	0
Pain Intervention	Medication	Medication	
MATERNAL ASSESSMENT			
Fundal Tone	Firm		
Fundal Level	1 Finger breadth above umbilicus		
Fundal Placement	Midline		
Lochia Color	Rubra		
Lochia Amount	Moderate		
Lochia Odor	None		
Uterine Cramping	M'd		
NEUROLOGIC			
Level of Consciousness	Awake, Alert, Oriented x 3		
Headache	Frontal		
Dizziness	No		
Blurred Vision	No		
Extremity Numbness/Tingling	Right Leg; Left Leg		
Extremity Movement	Full Range of Motion		
CARDIOVASCULAR			

Mary Washington Healthcare <u>1001 Sam Perry Blvd</u> <u>Fredericksburg, VA 22401</u>		XOXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: [REDACTED] DOB: [REDACTED] Attending: UZOCHUKWU CHIZOBA	
Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN		Room Number 3109-M Age 21	

PP Flowsheet Assessment

		04/19/10	
Nailbeds	Pink		
Skin Color	Normal for Race		
Skin Temperature	Warm		
Capillary Refill	Less than 3 seconds		
Heart Rhythm	Auscultated Regular		
Edema	None		
Homan's Sig Lt. Leg	Negative		
Homan's Sign Rt. Leg	Negative		
IV ASSESSMENT			
IV Site #1			
IV Procedures	PRNA Flushed		
IV Site	Left Hand		
Dressing Type	Transparent		
IV Assessment	No Abnormalities Noted		
PULMONARY			
Respiratory Effort	Normal		
Breath Sounds, Left	Clear and Equal		
Breath Sounds, Rt.	Clear and Equal		
Cough Productivity	None		
BREASTS			
Breasts	Soft		
Nipples	Smooth; Dry		
Breast Pain	None		
Feeding Preference	Breast		
GASTROINTESTINAL			
Epigastric Pain	No		
Nausea/Vomiting	Denies		
Abdominal Tenderness	With Palpation		
Bowel Sounds	Normal active; All Quadrants		
Diet Type	Regular diet		
Diet Amount	Fed self without assistance		
Stool Description	None		
GENITOURINARY			
Voiding	Voiding Freely		
Bladder Distention	Non-distended		

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Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN		

PP Flowsheet Assessment

	04/19/10	00:35	01:45	03:14
PERINEUM				
Epsiotomy/Repaired Laceration	Approximated			
Perineum/Labia	Moderate Swelling			
Perineum Pain	Mild			
Hemorrhoids	Yes			
FALL ASSESSMENT				
Fall History	(0) No			
Secondary Diagnosis	(0) No			
Equipment Assessment	(0) No			
Fall Gait Assessment	(20) Impaired			
Ambulatory Aid Assessment	(0) none/bedrest/wheelchair/nurse assist			
Fall Mental Status Assess	(0) oriented to own ability			
Elimination Assessment	(0) Within Normal Limits			
Fall Age Assessment	(0) Age 6 - 65			
Fall Detox Protocol	(0) No			
Fall Vision Assessment	(0) Adequate (with or without glasses)			
Fall Medications Assessment	(10) Any that affect VS, LOC or cause diuresis			
Fall Score Computed	30 30			
COMFORT MEASURES				
Treatments	Ice to Perineum			
ACTIVITY				
Ambulate	Tolerated Well			
SAFETY				
Siderails Up	x2			
Call Bell In Reach	Yes			
Alarms working on Admission	Yes			
Bed Low and Locked	Yes			
Medication Charting for				
PP Patients Located on AP				

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MR#: 832666

Patient ID: [REDACTED]

DOB: [REDACTED]

Room Number
3109-M

Age 21

Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

		04/19/10	
	00:35	01:45	03:11
Analgesics	Motrin @	Percacet PO @	
Record ID	102499	102499	100991
RN/LPN Counter-sign	V.Ball RN		
	04/19/10		
	03:27	06:54	07:58
Stage of Pregnancy	Postpartum		
Patient Status	Del_Vag		
NURSE	V.Ball RN		
Transfer to PP Date/Time	04/18/10 22:35 EDT		
Hourly Rounding			
Hourly Rounding Complete	Yes		Yes
VITAL SIGNS			
NBP Sys/Dia/Mea		115 Annotation: 115/78	
HR		86	
Respirations		20	
Temperature (F)		98.1	
Temp Route		Oral	
PAIN ASSESSMENT			
Pain - Location 1	abdominal discomfort	abdominal discomfort	abdomen
Pain Rating	2-3	4	4
Pain Intervention		Medication	Medication Annotation: declines meds at this time
MATERNAL ASSESSMENT			
Fundal Tone	Firm		
Fundal Level	At umbilicus		
Fundal Placement	Midline		
Lochia Color	Rubra		
Lochia Amount	Moderate		
Lochia Odor	None		
Uterine Cramping	Mid		
NEUROLOGIC			
Level of Consciousness	Awake, Alert, Oriented x 3		
Dizziness	No		
Blurred Vision	No		
Extremity Numbness/Tingling	Right Leg; Left Leg		
Extremity Movement	Full Range of Motion		
CARDIOVASCULAR			

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XXXFAIN, TIARRA LASHAE
MR#: 832666
Patient ID: [REDACTED]
DOB: [REDACTED]
Age 21
Room Number 3109-M
Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

	04/19/10	03:27	06:54	07:58
Nailbeds	Pink			
Skin Color	Normal for Race			
Skin Temperature	Warm			
Heart Rhythm	Auscultated Regular			
Edema	None			
Homan's Sign Lt. Leg	Negative			
Homan's Sign Rt. Leg	Negative			
IV ASSESSMENT				
IV Site #1				
IV Procedures	PRNA Flushed			
IV Site	Left Hand			
Dressing Type	Transparent			
IV Assessment	No Abnormalities Noted			
PULMONARY				
Respiratory Effort	Normal			
Breath Sounds, Left	Clear and Equal			
Breath Sounds, Rt.	Clear and Equal			
Cough Productivity	None			
BREASTS				
Breasts	Soft			
Nipples	Smooth; Dry			
Breast Pain	None			
Feeding Preference	Breast			
GASTROINTESTINAL				
Epigastric Pain	No			
Nausea/Vomiting	None			
Abdominal Tenderness	With Palpation			
Bowel Sounds	Normal active; All Quadrants			
Diet Type	Regular diet			
Diet Amount	Fed self without assistance			
Stool Description	None			
GENITOURINARY				
Voiding	Voiding Freely			
Bladder Distention	Non-distended			
PERINEUM				

Mary Washington Healthcare <u>1001 Sam Perry Blvd</u> <u>Fredericksburg, VA 22401</u>		XXXFAIN, TIARRA LASHAE MR#: 832666 Patient.ID: [REDACTED] DOB: [REDACTED] Attending: UZOCHUKWU CHIZOBA	Room Number 3109-M Age 21
Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN			

PP Flowsheet Assessment

	4/20/2010	03:27	06:54	07:58
Episiotomy/Repaired Laceration	Approximated			
Perineum/Labia	Moderate Swelling			
Perineum Pain	Mild			
Hemorrhoids	Yes			
FALL ASSESSMENT				
Fall History	(0) No			
Secondary Diagnosis	(0) No			
Equipment Assessment	(0) No			
Fall Gait Assessment	(20) Impaired			
Ambulatory Aid Assessment	(0) none/bedrest/wheelchair/nurse assist			
Fall Mental Status Assess	(0) oriented to own ability			
Elimination Assessment	(0) Within Normal Limits			
Fall Age Assessment	(0) Age 6 - 65			
Fall Detox Protocol	(0) No			
Fall Vision Assessment	(0) Adequate (with or without glasses)			
Fall Medications Assessment	(10) Any that affect VS, LOC or cause diuresis			
Fall Score Computed	30			
	30			
COMFORT MEASURES				
Treatments	Ice to Perineum			
ACTIVITY				
Ambulate	Tolerated Well			
SAFETY				
Sliderails Up	x2			
Call Belt In Reach	Yes			
Alarms working on Admission	Yes			
Bed Low and Locked	Yes			
Medication Charting for				
PP Patients Located on AP				
Analgesics	Motrin @	Motrin @; Percocet PO @		

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Fredericksburg, VA 22401

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XXXFAIN, TIARRA LASHAE

MR#: 832666

Patient ID: [REDACTED]

DCB: [REDACTED]

Room Number
3109-M

Age 21

Attending: OZOCNUKWU CHIZOBIA

PP Flowsheet Assessment

			04/19/10
			03:27 06:54 07:56
Record ID	102499	102499	111968
RN/LPN Countersign	V.Ball RN		
			04/19/10
			08:30 12:00 12:05
Stage of Pregnancy	Postpartum	Postpartum	
Patient Status	Del_Vag	Del_Vag	
NURSE	M. Field, RN	M. Field, RN	
Hourly Rounding			
Hourly Rounding Complete	Yes	Yes	
VITAL SIGNS			
NBP Sys/Dia/Mea			131
			83
HR			91
Respirations			18
Temperature (F)			98.1
Temp Route			Oral
PAIN ASSESSMENT			
Pain - Location 1	Perineum discomfort	Perineum discomfort	perineum Annotation: states "my nurse is getting me medicine"
Pain Rating	4	2	4
Pain Intervention	Other - Please Annotate Annotation: Discussed pain control	Medication Annotation: sitz bath given	
Pain - Location 2	Patient receive Motrin and 1 Percocet @0650.		
MATERNAL ASSESSMENT			
Fundal Tone	Firm	Firm	
Fundal Level	1 Finger breadth below umbilicus	1 Finger breadth below umbilicus	
Fundal Placement	Midline	Midline	
Lochia Color	Rubra	Rubra	
Lochia Amount	Light	Light	
Lochia Odor	None	None	
Uterine Cramping	None	None	
NEUROLOGIC			
Level of Consciousness	Awake, Alert, Oriented x 3	Awake, Alert, Oriented x 3	

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Fredericksburg, VA 22401Print Date & Time: 4/20/2010 14:34
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MR#: 832666

Room Number

3109-M

Patient ID: [REDACTED]

DOB: [REDACTED]

Age 21

Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

	04/19/10		
	08:30	12:00	12:05
Extremity Numbness/Tingling	None	None	
Extremity Movement	Full Range of Motion	Full Range of Motion	
CARDIOVASCULAR			
Nailbeds	Pink	Pink	
Skin Color	Normal for Race	Normal for Race	
Skin Temperature	Warm	Warm	
Capillary Refill	Less than 3 seconds	Less than 3 seconds	
Heart Rhythm	Auscultated Regular	Auscultated Regular	
Edema	None	None	
Edema Location	No edema noted.	No edema noted.	
Homan's Sign Lt. Leg	Negative	Negative	
Homan's Sign Rt. Leg	Negative	Negative	
IV ASSESSMENT			
IV Site #1			
IV Site	Left Wrist	Left Wrist	
Dressing Type	Transparent	Transparent	
IV Assessment	No Abnormalities Noted	No Abnormalities Noted	
PULMONARY			
Respiratory Effort	Normal	Normal	
Breath Sounds, Left	Clear and Equal	Clear and Equal	
Breath Sounds, Rt.	Clear and Equal	Clear and Equal	
Cough Productivity	None	None	
BREASTS			
Breasts	Soft	Soft	
Nipples	Smooth; Dry	Smooth; Dry	
Breast Pain	None	None	
Feeding Preference	Breast	Breast	
GASTROINTESTINAL			
Epigastric Pain	No	No	
Nausea/Vomiting	Denies	Denies	
Abdominal Tenderness	With Palpation	With Palpation	
Bowel Sounds	Normal active; All Quadrants	Normal active; All Quadrants	
Diet Type	Regular diet	Regular diet	
Diet Amount	Fed self without assistance	Fed self without assistance	

Mary Washington Healthcare	
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XXXFAIN, TIARRA LASHAE

MR#: 832666

Room Number

3109-M

Patient ID: [REDACTED]

DOB: [REDACTED]

Age 21

Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

		04/19/10	
		08:30	12:00
			12:05
Stool Description	Passing Flatus; None	Passing Flatus; None	
GENITOURINARY			
Voiding	Voiding Freely	Voiding Freely	
Bladder Distention	Non-distended	Non-distended	
PERINEUM			
Episiotomy/Repaired Laceration	Approximated	Approximated	
Perineum/Labia	Minimal Swelling	Minimal Swelling	
Perineum Pain	Mild	Mild	
Hemorrhoids	No	No	
FALL ASSESSMENT			
Fall History	(0) No	(0) No	
Secondary Diagnosis	(0) No	(0) No	
Equipment Assessment	(0) No	(0) No	
Fall Gait Assessment	(0) normal/bed rest/immobile	(0) normal/bed rest/immobile	
Ambulatory Ad Assessment	(0) none/bedrest/wheelchair/nurse assist	(0) none/bedrest/wheelchair/nurse assist	
Fall Mental Status Assess	(0) oriented to own ability	(0) oriented to own ability	
Elimination Assessment	(0) Within Normal Limits	(0) Within Normal Limits	
Fall Age Assessment	(0) Age 6 - 65	(0) Age 6 - 65	
Fall Detox Protocol	(0) No	(0) No	
Fall Vision Assessment	(0) Adequate (with or without glasses)	(0) Adequate (with or without glasses)	
Fall Medications Assessment	(10) Any that affect VS, LOC or cause diuresis	(10) Any that affect VS, LOC or cause diuresis	
Fall Score Computed	10 10	10 10	
HYGIENE			
Shower	Self	Self	
Pericare	Self	Self	
Oral Care	Self	Self	
ACTIVITY			

Mary Washington Healthcare

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MR#: 832666

Room Number
3109-M

Patient ID:

DOB :

Age 21

Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

	04/19/10	08:30	12:00	12:05
Ambulate	Tolerated Well	Tolerated Well		
Chair	Tolerated Well	Tolerated Well		
SAFETY				
Siderails Up	x2	x2		
Call Bell In Reach	Yes	Yes		
Alarms working on Admission	Yes	Yes		
Bed Low and Locked	Yes	Yes		
COMMENTS				
Comments	Assessment as noted. Patient is lying in bed with guard at bedside.			
Medication Charting for				
Record ID	105365	105365	100365	
RN/LPN Countersign			M. Field, RN	
	04/19/10			
	12:15	16:00	17:15	
Stage of Pregnancy		Postpartum		
Patient Status		Del_Vag		
NURSE		M. Field, RN		
Hourly Rounding				
Hourly Rounding Complete		Yes		
VITAL SIGNS				
NBP-Sys/Dia/Mea		110		
		67		
HR		93		
Respirations		20		
Temperature (F)		98.6		
Temp Route		Oral		
PAIN ASSESSMENT				
Pain - Location 1		Perineum discomfort	0	
Pain Rating		4		
Pain Intervention		Medication Annotation: 1 percocet and motrin given for pain		
MATERNAL ASSESSMENT				
Fundal Tone		Firm		
Fundal Level		1 Finger breadth below umbilicus		
Fundal Placement		Midline		
Lochia Color		Rubra		

Mary Washington Healthcare

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Fredericksburg, VA 22401

Print Date & Time: 4/20/2010 14:34
Printed by: Janice Childs, RN

XXXFAIN, TIARRA LASHAE

Room Number
3109-M

MR#: 832666

Patient ID: [REDACTED]

DOB: [REDACTED]

Age 21

Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

	04/19/10: 12:15	16:00	17:15
Lochia Amount		Light	
Lochia Odor		None	
Uterine Cramping		None	
NEUROLOGIC			
Level of Consciousness		Awake, Alert, Oriented x 3	
Extremity Numbness/Tingling		None	
Extremity Movement		Full Range of Motion	
CARDIOVASCULAR			
Nailbeds		Pink	
Skin Color		Normal for Race	
Skin Temperature		Warm	
Capillary Refill		Less than 3 seconds	
Heart Rhythm		Auscultated Regular	
Edema		None	
Edema Location		No edema noted.	
Homan's Sign Lt. Leg		Negative	
Homan's Sign Rt. Leg		Negative	
IV ASSESSMENT			
IV Site #1			
IV Site		Left Wrist	
Dressing Type		Transparent	
IV Assessment		No Abnormalit ies Noted	
PULMONARY			
Respiratory Effort		Normal	
Breath Sounds, Left		Clear and Equal	
Breath Sounds, Rt.		Clear and Equal	
Cough Productivity		None	
BREASTS			
Breasts		Soft	
Nipples		Smooth; Dry	
Breast Pain		None	
Feeding Preference		Breast	
GASTROINTESTINAL			
Epigastric Pain		No	
Nausea/Vomiting		Denies	
Abdominal Tenderness		With Palpation	

Mary Washington Healthcare1001 Sam Perry Blvd
Fredericksburg, VA 22401Print Date & Time: 4/20/2010 14:34
Printed by: Janice Childs, RN**XXXFAIN, TIARRA LASHAE**

MR#: 832666

Room Number
3109-M

Patient ID: [REDACTED]

DOB: [REDACTED]

Age 21

Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

		04/19/10	
		12:15	16:00 17:15
Bowel Sounds		Normal active; All Quadrants	
Diet Type		Regular diet	
Diet Amount		Fed self without assistance	
Stool Description		Passing Flatus; None	
GENITOURINARY			
Voiding		Voiding Freely	
Bladder Distention		Non-distended	
PERINEUM			
Epi/otomy/Repaired Laceration		Approximated	
Perineum/Labia		Minimal Swelling	
Perineum Pain		Mild	
Hemorrhoids		No	
FALL ASSESSMENT			
Fall History		(0) No	
Secondary Diagnosis		(0) No	
Equipment Assessment		(0) No	
Fall Gait Assessment		(0) normal/bed rest/immobile	
Ambulatory Aid Assessment		(0) none/bedrest/wheelchair/nurse assist	
Fall Mental Status Assess		(0) oriented to own ability	
Elimination Assessment		(0) Within Normal Limits	
Fall Age Assessment		(0) Age 65	
Fall Detox Protocol		(0) No	
Fall Vision Assessment		(0) Adequate (with or without glasses)	
Fall Medications Assessment		(10) Any that affect VS, LOC or cause diuresis	

Mary Washington Healthcare	XOXFAIN, TIARRA LASHAE
1001 Sam Perry Blvd Fredericksburg, VA 22401	MR#: 832666
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Printed by: Janice Childs, RN	Room Number 3109-M
	DOB: [REDACTED]
	Age 21
	Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

		04/19/10	
		12:15	16:00
Fall Score Computed		10	
		10	
COMFORT MEASURES			
Treatments	Sitz Bath		
HYGIENE			
Shower	Self		
Pericare	Self		
Oral Care	Self		
ACTIVITY			
Ambulate	Tolerated Well		
Chair	Tolerated Well		
SAFETY			
Sliderails Up	x2		
Call Bell In Reach	Yes		
Alarms working on Admission	Yes		
Bed Low and Locked	Yes		
COMMENTS			
COMMENTS	Demonstrated sitz bath and epsom salt given. Pt up to bathroom to do sitz bath.		
Medication Charting for			
Record ID	105365	105365	100156
RN/LPN Countersign			M. Field, RN
		04/19/10	
		22:14	23:20
Stage of Pregnancy		23:20	23:50
Patient Status			Postpartum
NURSE			Del_Vag
B.			Anderson,
Hourly Rounding			RN
Hourly Rounding Complete			Yes
VITAL SIGNS			
NBP Sys/Dia/Mea		Patient Breastfeeding.	
PAIN ASSESSMENT			
Pain - Location 1	abdomen		Denies
Pain Rating	3		
Pain Intervention	Medication Annotation: 1 percocet and motrin		

Mary Washington Healthcare

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Fredericksburg, VA 22401

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XXXFAIN, TIARRA LASHAE

MR#: 832666

Patient ID: [REDACTED]

DOB : [REDACTED]

Attending: UZOCHUKWU CHIZOBIA

Room Number
3109-M

Age 21

PP Flowsheet Assessment

		04/19/10	
		22:14	23:20
			23:50
MATERNAL ASSESSMENT			
Fundal Tone			Firm
Fundal Level			1 Finger breadth below umbilicus
Fundal Placement			Midline
Lochia Color			Rubra
Lochia Amount			Light
Lochia Odor			None
Uterine Cramping			None
NEUROLOGIC			
Level of Consciousness			Awake, Alert, Oriented x 3
Extremity Numbness/Tingling			None
Extremity Movement			Full Range of Motion
CARDIOVASCULAR			
Nailbeds			Pink
Skin Color			Normal for Race
Skin Temperature			Warm
Capillary Refill			Less than 3 seconds
Heart Rhythm			Auscultated Regular, None
Edema			No edema noted.
Edema Location			Negative
Homan's Sign Lt. Leg			Negative
Homan's Sign Rt. Leg			
IV ASSESSMENT			
IV Site #1			
IV Assessment			Pt. stated that she took her IV out herself because it was bothering her. Pt. instructed that she should have called nurse to let her know that she would like it out.
PULMONARY			

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401 Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN	XXXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: [REDACTED] DOB : 5/2/1991 Attending: UZOCHUKWU CHIZOBA	Room Number 3109-M Age 21
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PP Flowsheet Assessment

		04/19/10	
Respiratory Effort	22:14	23:20	23:50
Breath Sounds, Left			Normal
Breath Sounds, Rt.			Clear and Equal
Cough Productivity			None
BREASTS			
Breasts			Soft
Nipples			Smooth; Dry
Breast Pain			None
Feeding Preference			Breast
GASTROINTESTINAL			
Epigastric Pain			No
Nausea/Vomiting			Denies
Abdominal Tenderness			With Palpation
Bowel Sounds			Normal active; All Quadrants
Diet Type			Regular diet
Diet Amount			Fed self without assistance
Stool Description			Passing Flatus; None
GENITOURINARY			
Voiding			Voiding Freely
Bladder Distention			Non-distracted
PERINEUM			
Episiotomy/Repaired Laceration			Approximated
Perineum/Labia			Minimal Swelling Mild
Perineum Pain			No
Hemorrhoids			
FALL ASSESSMENT			
Fall History			(0) No
Secondary Diagnosis			(0) No
Equipment Assessment			(0) No
Fall Gait Assessment			(0) normal/bed rest/immobile
Ambulatory Aid Assessment			(0) none/bedrest/wheelchair/nurse assist

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401		XXXPAIN, TIARRA LASHAE MR#: 832666 Patient ID: [REDACTED] DCB: [REDACTED] Attending: UZOCHUKWU CHIZOBA	Room Number 3109-M Age 21
Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN			

PP Flowsheet Assessment

		04/19/10	
	22:14	23:20	23:50
Fall Mental Status Assess		(0) oriented to own ability	
Elimination Assessment		(0) Within Normal Limits	
Fall Age Assessment		(0) Age 6 - 65	
Fall Detox Protocol		(0) No	
Fall Vision Assessment		(0) Adequate (with or without glasses)	
Fall Medications Assessment		(10) Any that affect VS, LOC or cause diuresis	
Fall Score Computed		10 10	
HYGIENE			
Shower		Self	
Pericare		Self	
Oral Care		Self	
ACTIVITY			
Ambulate		Tolerated Well	
Chair		Tolerated Well	
SAFETY			
Siderails Up		x2	
Call Bell in Reach		Yes	
Alarms working on Admission		Yes	
Bed Low and Locked		Yes	
Medication Charting for	101239	100991	111636
Record ID			
	04/19/10	04/20/10	
	23:53	07:55	08:10
Stage of Pregnancy		Postpartum	
Patient Status		Del_Vag	
NURSE		J.Childs RN	
Report Received From		B.Anderson RN	
VITAL SIGNS			
NBP Sys/Dia/Mea	110	118	
	65	83	
HR	86	87	
Respirations	20	17	
Temperature (F)	98.5	97.7	
Temp Route	Oral	Oral	

Mary Washington Healthcare <u>1001 Sam Perry Blvd</u> <u>Fredericksburg, VA 22401</u>		XXXFAIN, TIARRA LASHAE MR#: <u>832666</u> Patient ID: <u>[REDACTED]</u> DOB: <u>[REDACTED]</u> Attending: UZOCHUKWU CHIZOBA	Room Number <u>3109-M</u> Age <u>21</u>
Print Date & Time: 4/20/2010 14:34 Printed by: Janice Childs, RN			

PP Flowsheet Assessment

	04/19/10	04/20/10	
	23:53	07:55	08:10
PAIN ASSESSMENT			
Pain Rating	0	3	
Pain Intervention		Medication	
MATERNAL ASSESSMENT			
Fundal Tone		Firm	
Fundal Level		1 Finger breadth below umbilicus	
Fundal Placement		Midline	
Lochia Color		Rubra	
Lochia Amount		Light	
Lochia Odor		None	
Uterine Cramping		None	
NEUROLOGIC			
Level of Consciousness		Awake, Alert, Oriented x 3	
Headache		None	
Dizziness		No	
Blurred Vision		No	
Extremity Numbness/Tingling		None	
Extremity Movement		Full Range of Motion	
CARDIOVASCULAR			
Nailbeds		Pink	
Skin Color		Normal for Race	
Skin Temperature		Warm	
Capillary Refill		Less than 3 seconds	
Heart Rhythm		Auscultated Regular	
Edema		None	
Edema Location		No edema noted.	
Homan's Sign Lt. Leg		Negative	
Homan's Sign Rt. Leg		Negative	
IV ASSESSMENT			
PULMONARY			
Respiratory Effort		Normal	
Breath Sounds, Left		Clear and Equal	
Breath Sounds, Rt..		Clear and Equal	
Cough Productivity		None	
BREASTS			
Breasts		Soft	
Nipples		Smooth, Dry	